


# ADAP Provider Meeting

VERMONT
DEPARTMENT OF HEALTH

March 10, 2016

# Working together to eliminate substance abuse in Vermont

**ParentUpVT**
Parent hears social media message on Pandora and links to ParentUp tips on how to talk with their kids about substance abuse.

**School-based Substance Abuse Services**
High school student does presentation to school board on Youth Risk Behavior Survey.

**Vermont's Most Dangerous Leftovers**
Patient sees "Most Dangerous Leftovers" poster in doctor's office; decides to bring unwanted medication to a local drug take-back program.

**Recovery Centers**
Family member gets recovery coaching at local Turning Point Center.

**Community Coalitions**
Local partners find most residents support reduced alcohol and tobacco ads in their community.

**SBIRT**
A relative falls and goes to the emergency department; receives a screening and has access to brief intervention and referral to treatment.

**Care Alliance for Opioid Addiction (Hub & Spoke)**
Concern about a family member's opiate use leads to referral to treatment programs.

**Impaired Driver Rehabilitation Program (Project CRASH)**
Family member gets DUI, receives education & assessment.

**AHS Districts**
Parent applies for Supplemental Nutrition Assistance Program, gets free substance abuse screening.

**Division of Alcohol & Drug Abuse Programs**
108 Cherry Street • Burlington, VT 05401
800-464-4343 • 802-651-1550

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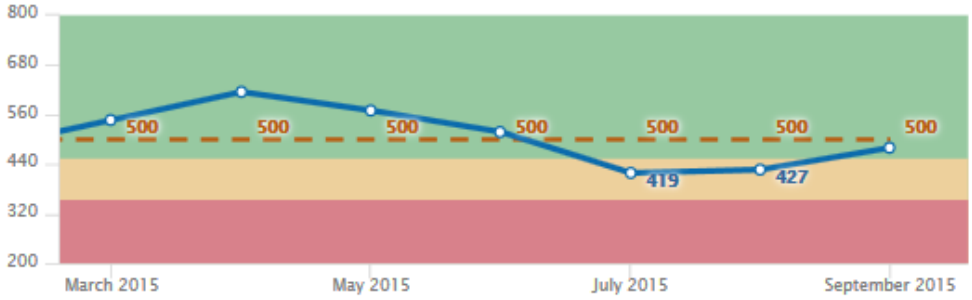
healthvermont.gov

# Alcohol & drug abuse - Opioids

**Available online at** - http://healthvermont.gov/adap/dashboard/opioids.aspx

PM Opioids MAT Waitlists: Are we getting Vermonters who need a high level of care for opioid abuse into treatment? Measured as the number of people on a wait list for treatment services in a Hub.

Data Source: Vermont Preferred Provider Reporting

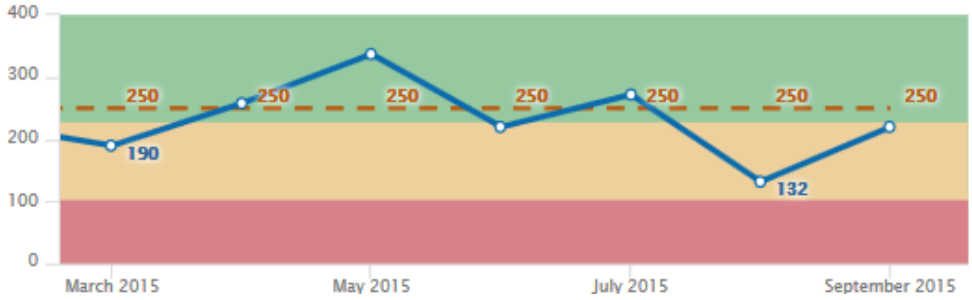



| | | |
|---|---|---|
| Sep 2015 | 480 | ↗ 2 |
| Aug 2015 | 427 | ↗ 1 |
| Jul 2015 | 419 | ↘ 3 |
| Jun 2015 | 518 | ↘ 2 |
| May 2015 | 570 | ↘ 1 |
| Apr 2015 | 615 | ↗ 3 |
| Mar 2015 | 547 | ↗ 2 |

**ADAP & EMS Program Performance Measures**

PM Opioids Overdose Prevention: Are we getting Naloxone Rescue Kits to Vermonters who need them? Measured as the number of naloxone doses to new clients through the Naloxone Pilot Project.

Data Source: Naloxone Pilot Project - VDH EMS




| | | |
|---|---|---|
| Sep 2015 | 220 | ↗ 1 |
| Aug 2015 | 132 | ↘ 1 |
| Jul 2015 | 272 | ↗ 1 |
| Jun 2015 | 220 | ↘ 1 |
| May 2015 | 337 | ↗ 2 |
| Apr 2015 | 258 | ↗ 1 |
| Mar 2015 | 190 | ↘ 1 |

HEALTHY VERMONTERS 2020

# Alcohol and Drug Abuse Programs – FY17 Budget Items

- Opioid Program -- $420,000/Franklin Hub for 6 months.
- Drug Take Back -- $50,000
- Federal Grants
- Move Oversight of LADCs to OPR --

# Drug Take-Back Activities

## Community Prevention

- Educate community about proper storage and safe disposal
- Publicize drop off locations in the community
- Promote prescription drug take-back events
- Drop boxes for local law enforcement purchased upon request

## Public Information

- "Vermont's Most Dangerous Leftovers" promotes safe use, safe storage, and proper disposal. Campaign materials and additional prescription drug abuse prevention resources are located on the Health Department's website at healthvermont.gov/adap/RxOTCabuse.aspx.
- ParentUpVT.org supports prescription drug abuse prevention messages, including tips on talking with kids about drugs and alcohol: parentupvt.org/



## Additional Funds

- Expand community prevention through 12 health districts

# CDC Prescription Drug Overdose Prevention Grant - Vermont

- **A four-year grant of $940,000/year for prescription drug overdose prevention (2015-2019)**
  - VPMS enhancements to make the system more useful to users by highlighting patient use patterns and identifying outliers
  - Provide prescribing best practice technical assistance and quality improvement processes to PCPs through Blueprint practice facilitators and of outlier specialty providers by UVM Office of Primary Care
  - Improve VPMS data dissemination and linkages to other epidemiological data
  - Identify use patterns of opioid users through an ethnographic evaluation

# SAMHSA Medication Assisted Treatment (MAT) Expansion Grant

- **A three-year grant of $1 million annually for targeted systems capacity expansion of MAT treatment and recovery supports for individuals with opioid dependence (2015-2018)**
  - organize a multi-disciplinary community-based team within each patient-centered medical home/neighborhood
  - offer the option of naltrexone IM in the Hubs and Spokes
  - implement evidence-based integrated psychosocial treatments in the specialty addiction treatment agencies
  - build recovery capital by engaging peer recovery support guides at the outset of treatment

# SAMHSA Regional Prevention Partnerships (RPP) Grant

- **A five-year grant of $2,400,000/ year (2015 – 2020) to:**
  - Reduce underage and binge drinking (12-20 years)
  - Reduce marijuana use (12 - 25 years)
  - Reduce prescription drug misuse and abuse (12-25 years)
  - Increase state, regional and community prevention capacity through a targeted regional approach.
  - Continue to utilize the Strategic Prevention Framework public health planning process
  - Expand to all 12 regions with VDH Office of Local Health (OLH) leading communities' development of district wide prevention plan
  - Community-based organizations within districts will implement evidence-based strategies

# Budget

**FY17 Department Request - Health Department**

| | GF | SF | Tob | FF | Medicaid GCF | Invmnt GCF | TOTAL |
|---|---|---|---|---|---|---|---|
| **VDH Alcohol and Drug Abuse - As Passed FY16** | **2,873,238** | **442,829** | **1,386,234** | **9,865,175** | **30,041,769** | **3,711,045** | **48,320,290** |
| **other changes:** | | | | | | | |
| **Operating Expenses:** | | | | | | | |
| 2015 Act 58 Section B. 1104 | (33,282) | | | | | (49,923) | **(83,205)** |
| | | | | | | | **0** |
| **Grants:** | | | | | | | |
| 2015 Act 54 Increase reimbursement rates | | | | | 74,566 | | **74,566** |
| Tobacco Litigation Settlement Funding per 2015 Act 58 | | | (29,209) | | | | **(29,209)** |
| **FY16 after other changes** | **(33,282)** | **0** | **(29,209)** | **0** | **74,566** | **(49,923)** | **(37,848)** |
| **Total after FY16 other changes** | **2,839,956** | **442,829** | **1,357,025** | **9,865,175** | **30,116,335** | **3,661,122** | **48,282,442** |
| **FY16 after other changes** | | | | | | | |
| **Personal Services:** | | | | | | | |
| Salary & Fringe Increase | (84,094) | | | 157,532 | 184,094 | | **257,532** |
| Counselor Regulatory Services | | (33,376) | | | | | **(33,376)** |
| | | | | | | | |
| **Operating Expenses:** | | | | | | | |
| | | | | | | | |
| **Grants:** | | | | | | | |
| Substance Abuse Prevention | | | | 1,990,000 | | | **1,990,000** |
| | | | | | | | |
| Medical Assisted Treatment (MAT) Hub expansion 1/1/17 implementation | | | | | 420,000 | | **420,000** |
| Prescription Drug Disposal Program | | 50,000 | | | | | **50,000** |
| **FY17 Changes** | **(84,094)** | **16,624** | **0** | **2,147,532** | **604,094** | **0** | **2,684,156** |
| **FY17 Gov Recommended** | **2,755,862** | **459,453** | **1,357,025** | **12,012,707** | **30,720,429** | **3,661,122** | **50,966,598** |

# Legislative Updates

- S. 196 - An act relating to the Agency of Human Services' contracts with providers
- S. 241- An act relating to the regulation of marijuana
- S. 243 - An act relating to combating opioid abuse in Vermont
- H. 571- An act relating to driver's license suspensions, driving with a suspended license, and DUI penalties

# AHS Strategic Plan

## ONE AGENCY STRATEGIC PLAN

### January 2016 – January 2019

http://humanservices.vermont.gov/strategic-plan/one-agency-strategic-plan-january-2016-january-2019/view

| Goal: Increase access to substance use disorder services | | |
|---|---|---|
| Strategy | | |
| 1.1 | AHS will ensure that AHS direct service staff are trained to provide screening for substance use disorders using the Substance Abuse Treatment Coordination (SATC) protocol. | |
| 1.2 | AHS will increase access to Medication Assisted Treatment (MAT) for opioid addiction through adding additional Hub services and increasing the number of Spoke providers | |
| 1.3 | AHS will increase the percentage of individuals leaving treatment with more supports than when they started through adding additional recovery support and improving the linkages between treatment providers and recovery centers | |

# AHS Strategic Plan

| Goal: Strengthen and support families | |
|---|---|
| Strategy | |
| 2.1 | Select AHS regions of the state will begin piloting a teaming initiative that brings together each of the agencies involved with families who have complex needs so families have access to coordinated services and plans. |
| 2.2 | Caregivers who are involved with child welfare will have access to timely treatment for substance abuse disorders by prioritizing the need to address barriers that limit accessibility. |
| 2.3 | AHS will reduce the number of children/youth in residential treatment settings through increasing community and family supports in local regions so more children and youth are placed in family settings in their community. |

# ADAP Substance Abuse Conference

## Wednesday, September 7, 2016
## Killington Grand Hotel

Family Strengthening & Generational Substance Abuse

Promoting Collaboration Among Substance Abuse & Child Welfare Practitioners Across the Continuum of Prevention, Intervention, Treatment & Recovery

# Conference Opportunity

***Community Solutions to the Opiate Issues Facing Vermonters Conference*** to be held on ***April 4, 2016***, Capital Plaza, Montpelier, VT

Purpose is to share current innovative and effective prevention, intervention, treatment and recovery strategies across Vermont and to identify next steps.

- QUESTIONS

# Vermont Marijuana Health Impact Assessment

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# What is a Health Impact Assessment?

- A process to evaluate plans or policies based on their potential effects on the health of a population, and the distribution of those effects within the population.

International Association for Impact Assessment, 2006 and Centers for Disease Control and Prevention

# Questions Addressed

- **What would happen to the prevalence of marijuana use?**
- **Would traffic safety change in Vermont?**
- **What would be the impact on mental health?**
- **What might change in other substance use disorders and treatment?**
- **What might change in academic outcomes?**
- **Would emergency department and/or hospital admissions change?**

# AHS/DA/All Payer Model Workgroup

- Goals:
  - Design an alternative payment arrangement for the MH and SA system that builds upon IFS work and considers sustainability over time.
  - Align with All Payer Model.
  - Include quality measures to be developed collaboratively with providers.
  - Reduce silos, streamline payment and reporting and improve payment flexibility toward achieving the triple aim.

# AHS/DA/All Payer Model Workgroup

- We are in the design phase now  (Dec. 2016)
- VDH Staff:
  - Barbara Cimaglio, Deputy Commissioner
  - Cindy Thomas, ADAP Division Director
- Representatives for Preferred Providers are:
  - Catey Iacuzzi, Maple Leaf Treatment Center
  - Jason Goguen, BAART

# Future Regional Comprehensive Addiction Treatment Centers Service Franklin and Grand Isle Counties

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# RFI and RFP for a Hub in Franklin/Grand Isle

- ADAP released an RFI to solicit information from interested organizations in order to plan for a new Hub that will serve Franklin and Grand Isle counties
- Taking the RFI responses into consideration, ADAP is currently writing an RFP and plans to release it sometime this spring
- The decision to target Franklin and Grand Isle counties is due to
  - number of residents currently on the waitlist for and receiving hub services elsewhere
  - Medicaid cost of residents traveling out of the area to receive care in other parts of the state.

# ADAP and DCF Collaboration

AHS Strategic Plan

Goal 2: Strengthen and Support Families

2.2 Caregivers who are involved with child welfare will have access to timely treatment for substance abuse disorders by prioritizing the need to address barriers that limit accessibility

# ADAP and DCF Collaboration

- Caregivers involved with child welfare are high risk
- DCF staff, Lund screeners and ADAP clinical staff developed high risk criteria
- Lund screeners will use the criteria in addition to the standardized screening tools

# Criteria

VERMONT DEPARTMENT OF HEALTH
DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS

VERMONT
AGENCY OF HUMAN SERVICES

DEPARTMENT FOR CHILDREN AND FAMILIES
FAMILY SERVICES DIVISION

**Addendum to Standardized Substance Abuse Screening Tool**

1. Is the family at imminent risk of losing custody of a child, had a child removed from their care, or have a short-term family safety plan in place which includes accessing treatment quickly? ☐ YES ☐ NO
2. Is the individual involved with the Department of Corrections? ☐ YES ☐ NO
3. In the last 14 days has the individual been discharged from a hospital, residential program, opiate treatment program or medication-assisted treatment? ☐ YES ☐ NO
4. Are other family members opiate users? ☐ YES ☐ NO
5. Does the individual's recovery environment/family supports include opiate users? ☐ YES ☐ NO
6. Is the individual a survivor of domestic violence, human trafficking, sexual abuse and other trauma? ☐ YES ☐ NO
7. Does the individual use opiates to manage chronic pain? ☐ YES ☐ NO
8. Does the individual have a history of suicide attempts or overdose? ☐ YES ☐ NO
9. Is the individual homeless or at risk of becoming homeless? ☐ YES ☐ NO
10. Does the individual have co-occurring mental health and substance abuse conditions? ☐ YES ☐ NO
11. Is the individual an IV drug user? ☐ YES ☐ NO
12. Is the individual pregnant? ☐ YES ☐ NO

# Next Steps

- Rollout to communities with Lund screeners
- First meetings are with the Chittenden Clinic, West Ridge and BAART (Washington County)
- Agenda:  Collaboration between Lund screeners and providers, effective communication of risk criteria and improving access to services.

- Questions

# School-Based Substance Abuse Services Grant

The purpose of the School-Based Substance Abuse Services Grant is to provide and enhance substance abuse prevention and early intervention services in Vermont schools, leading to reductions in students' alcohol and other drug use.

The grant supports: Screening and referral; Whole School Whole Community, Whole Child (WSCC) framework; Evidence-based health curricula; Peer leadership groups; Parent education and information; Teacher and staff training; Educational support groups

# SBSAS Grant FY17-FY19

An estimated 20 SU/SD proposals will be awarded.

Grants up to $40,000/year for 3 years contingent on performance and continued funding

# Regional Prevention Partnerships (RPP) Grant

- Five year federal grant awarded 10/1/15 – 9/30/20
- Expand from 6 to 12 Districts
- Office of Local Health selects Lead agency based on criteria
- Priorities include: underage and binge drinking, marijuana use and prescription drug misuse and abuse
- Current activities: Program Manager hired, Evaluation contract completed, evidence-based work group meeting, Guidance Document under revision and lead agency selection underway.

# Coding Group Treatment – H0005

- Changed from 15 minute units to encounter rate 11/1/13 to comply with proper coding protocols
- Significant provider variation in scheduled time for group
- Rate set based on a maximum of 2 hours – providers to bill for the actual amount of time spent
- This requirement is in grant documents
- Current rate is $12.267 per 15 minutes

| If your group is this long | Bill this much |
|---|---|
| 45 minutes | $36.80 |
| 1 hour | $49.07 |
| 1.5 hour | $73.61 |
| 2 hours | $98.14 (maximum) |

# Coding Family Treatment – H1006

- Changed from 15 minute units to encounter rate 11/1/13 to comply with proper coding protocols
- Rate set based on a maximum of 1.25 hours – providers to bill for the actual amount of time spent
- This requirement is in grant documents
- Current rate is $26.438 per 15 minutes

| If your Session is this long | Bill this much |
|---|---|
| 45 minutes | $79.31 |
| 1 hour | $105.75 |
| 1.25 hour | $132.19 (maximum) |

# Medicaid Supervised Billing

Formally known as Incident-to-Billing

Changes effective December 2015

Can be found in the Medicaid Provider Manual

# Supervising Provider

- Must be a LADC
- Must be actively enrolled in Medicaid
- Only for services within scope of practice
- Must adhere to supervision regulations outlined by the VT Alcohol & Drug Addiction Certification Board
- Does not need to provide direct service

# Supervising Provider

- Must provide regular face-to-face ongoing supervision
- Must sustain active participation in the ongoing care of the client
- Must be immediately available in person or by phone within 15 minutes

# Nonlicensed Provider

- Must possess (or will possess within 180 days of hire) a Vermont Addiction Apprentice Professional Certification **–or-**
- Possess an Alcohol & Drug Counseling Certification **–or-**
- Non-certified addiction counselors must be actively working toward professional licensure (have a Masters degree)

# What will this position do?

Improving Access to Care for Clients, and Improving the Quality of Service of Providers

Vermont Department of Health

# Scope of the Position

- Working with partners to increase access to care:
  - Increase Screenings
  - Decrease Provider Variability
  - Improve Care Transitions between Types and Levels of Care
  - Improve Collaboration between Providers and Recovery Centers

# Scope of the Position

- Specifically working with OP/IOP Preferred Providers
- Utilizes:
  - Organizational Development
  - Practice Improvement Approaches
  - Training and Technical Assistance
  - Change Management
  - Overall Quality Improvement

# Programmatic Goals

- Clients receive treatment within 14 days of initial contact
- Improve treatment engagement through increased coordination with other provider levels and services
- Improve overall client functioning
- Increase clients' social supports at discharge
- Provide practice facilitation services to a minimum of four (4) Preferred Providers

- Next Step